

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED Richard Joseph		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 14-CR-306		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) USA v. Richard Joseph		8. PAYMENT CATEGORY x Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED x Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) CC		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.  18:2250(a) Failure to Register as a Sex Offender	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  Timothy M. Donohue, Esq. 622 Eagle Rock Ave. West Orange, NJ 07052  Telephone Number 973-736-8660		13. COURT ORDER X <input type="checkbox"/> Appointing Counsel C Co-Counsel F Subs For Federal Defender R Subs For Retained Attorney P Subs For Panel Attorney Y Standby Counsel  Prior Attorney's Name: Appointment Dates: <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input checked="" type="checkbox"/> Other (See Instructions)  Signature of Presiding Judge or By Order of the Court Date of Order 8/10/15 Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14.3 NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					
CLAIM FOR SERVICES AND EXPENSES					
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
15. In Court a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (RATE PER HOUR = \$ ) TOTALS:					
16. Out of Court a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) (RATE PER HOUR = \$ ) TOTALS:					
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: TO:			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney Date					
APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES	
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT.		28a. JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES	
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED		34a. JUDGE CODE	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount		DATE			